



# Town Meeting



*Bulletin* OF AMERICA'S  
TOWN MEETING OF THE AIR

Sponsored by THE READER'S DIGEST

## Should Congress Provide Health and Old Age Insurance for All?

*Acting Moderator, NORMAN COUSINS*

### *Speakers*

WILLIAM L. GREEN  
JOHN D. DINGELL

MORRIS FISHBEIN  
DeWITT EMERY

*(See also page 12)*

C O M I N G A U G U S T 2 n d

## How Can Russia and America Live in Peace?

(WHAT TO READ—SEE PAGE 22)

If Russia and the United States can develop mutual respect and co-operation there is more chance of peace than if the two nations work at cross purposes. There are, however, many points of friction. How can these points be smoothed out for peaceful living?

TUNE IN EVERY THURSDAY, AMERICAN BROADCASTING COMPANY—8:30 p.m., E.W.T.

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The account of the meeting reported in this Bulletin was transcribed from recordings made of the actual broadcast and represents the exact content of the meeting as nearly as such mechanism permits. The publishers and printer are not responsible for the statements of the speakers or the points of view presented.

## THE BROADCAST OF JULY 19:

### "Should Congress Provide Health and Old Age Insurance for All?"

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# Town Meeting

Bulletin of America's Town Meeting of the Air



George V. Denny, Jr., Moderator

## Should Congress Provide Health and Old Age Insurance for All ?

### Announcer:

*The Reader's Digest*, America's most widely read magazine, welcomes you to another exciting session of America's Town Meeting, the program that gives both sides of vital issues affecting your life and mine.

Tonight, here at Chautauqua, New York, four authorities argue a question vital to every American. To open this important discussion, *The Reader's Digest* brings you as tonight's guest moderator of America's Town Meeting, Mr. Norman Cousins, editor of the *Saturday Review of Literature*. Mr. Cousins. (Applause.)

### Moderator Cousins:

Good evening from Lake Chautauqua, the historic upstate New York community dedicated to the free flow of ideas.

Coming out from the railroad station this morning, the cab driver asked about the subject of tonight's debate. After I told him he turned

and said, "Health and old age security? Well, what's the debate? You don't mean to tell me that anyone is going to argue against health and old age."

Actually we do have a debate tonight—a real debate—a debate on one of the most exciting questions before the American people today. While all of our speakers are agreed that health and old age security are necessary, they disagree sharply on the precise means of achieving those goals. Does the responsibility belong to the individual, the community, the state, or the national government?

A bill now before Congress, the Wagner-Murray-Dingell Bill says that the Government has the responsibility—a responsibility to care for its citizens in sickness, unemployment, and old age.

In tonight's debate our speakers consider some very crucial questions. Is this bill a departure from the American tradition? Or, is it



actually a way of making democracy work?

Is it, as is argued by the American Medical Association, a form of socialized medicine leading inevitably to outright socialism? Or are the backers of the bill right when they answer that it is not socialized medicine at all, but plain democratic social security?

Tonight's question then is, "Should Congress Provide Health and Old Age Insurance for All?" Saying "yes" to that question on America's Town Meeting, we have William Green, president of the American Federation of Labor, and Congressman John D. Dingell of Michigan, one of the sponsors of the Wagner-Murray-Dingell Bill.

For the negative, we have Dr. Morris Fishbein, of the American Medical Association, and DeWitt Emery, president of the Small Businessmen's Association. As an innovation tonight, Town Meeting starts this debate with the negative of the question. Our first speaker, Dr. Morris Fishbein, editor of the *Journal of the American Medical Association*. Dr. Fishbein. (Applause.)

#### Dr. Fishbein:

The physicians of the United States are interested in extending the best possible medical care to all the people. Doctors, not Senators and Congressmen, take care of sick people. The doctors are convinced that it is not necessary to regiment the people by any compulsory system of taxation that puts the prevention and treatment of disease in a single federal agency.

The system proposed in the Wagner-Murray-Dingell Bill would destroy the factors that have made American medicine leader of the world. This measure places the politician between the doctor and his patient, and eliminates the mutual responsibility between doctor and patient necessary to the best medical care.

Congressman Dingell says his bill grants free choice of physician. This it never does. It grants only free choice of the type of physician willing to engage in that kind of medical service.

An actual question asked of doctors in the Army and Navy proved that nearly 90 percent of them have no favor for such a system. It is not only socialized medicine, it goes so far beyond the American concept of social security, that it would eventually lead to the regimentation of the lives of all of us. This it does, furthermore, without the slightest guarantee, or even likelihood that this would achieve the fundamental objectives that all of us favor.

The measure fixes a rate of taxation without any scientific research as to the costs it proposes to meet. The authors cite public opinion polls to show that the public favors health insurance. Everyone knows that that favor has been dependent on the form in which the question was submitted.

Of course, people say "yes" if you emphasize the benefits alone. If you tell the people, however, about the financial cost, the tax burden, the economic consequences, and the inevitable effect on democ-

racy, they are more doubtful about the desirability of a compulsory sickness insurance system.

Illness is not chiefly responsible for such demand as exists for compulsory sickness insurance. That demand has not arisen where people need the most additional medical care. Actually it comes from those places where strong organizations exercise political pressure in favor of such a system.

American doctors have been criticized as condemning these proposals without offering any constructive program. Doctors are scientists. They need data on which to offer a sound proposal. This is the first public announcement that the Council on Medical Service and the Board of Trustees of the American Medical Association have developed a program which should have the support of the farmer, the industrial worker, and the medical profession.

Improved housing, nutrition, and sanitation are fundamental to good health. We support the establishment of economic conditions that will lead to progressive action for achieving these objectives. One-half the counties of the United States are without a full-time public health service. We urge extension of such service as rapidly as personnel can be trained.

Hospitalization insurance on a voluntary basis has proved its efficiency. Almost twenty million people are enrolled under the voluntary Blue Cross plan, and many millions additional are enrolled under private voluntary plans. This

type of insurance should be extended.

In many places voluntary sickness insurance plans are now established under principles set forth by the American Medical Association. The extension to all localities of such voluntary sickness insurance plans is recommended.

The possibility of providing hospitalization and medical care to the indigent by local authorities who will enroll them under the existing plan should be investigated.

Surveys should be made in every state by qualified individuals to establish the need for additional medical care. When that need is established, the need should be met, if necessary with federal aid, so that improvement may come rapidly.

The chief medical needs of the Nation today are definitely related to the situations created by the war. Sixty thousand physicians are in the service of the Armed Forces and twelve million men and women are in uniform to preserve our democracy. They have a right to express their opinions on any revolutionary change in the American way of life. The Wagner-Murray-Dingell Bill would be such a revolution.

Today some counties in the United States have one doctor to 7,000 people. Many counties now have one doctor for more than 3,000 people. Before the war we had one doctor to 800 people. Physicians should be released from the Armed Forces as rapidly as is consistent with the war effort.



The American Medical Association has established an agency to aid in relocation of physicians in places that need doctors. Medical education has been seriously threatened by the failure of Federal Government to assure enough young men in the premedical courses. Even now it may be too late to overcome this damage. Means must be provided which will permit students to prepare for and continue the study of medicine as a continuing process.

In the postwar period the Army, the Navy, the United States Public Health Service, and particularly the Veterans' Administration, will need numbers of doctors far beyond their previous requirements. These are fields of medical care which demand the immediate interest of our legislators. In the face of these demands, such proposals as the Wagner-Murray-Dingell Bill are the height of human folly. (*Applause.*)

#### **Moderator Cousins:**

Thank you, Dr. Fishbein. Our second speaker, Mr. William Green, president of the American Federation of Labor, is in Washington tonight, but thanks to a sort of two-way stretch in radio, Mr. Green speaks to us from Washington. (*Applause.*)

#### **Mr. Green:**

The American Federation of Labor wholeheartedly supports old age and health insurance for all workers and believes public assistance should be available for those without earned rights. Old

age insurance is already accepted policy, so I shall confine myself to health insurance.

If I were to announce that a million workers in this Nation were not on their jobs today because of strike or labor dispute, you would be horrified. Yet a million industrial workers were absent today from their work because of illness or injury. More than 68 times as many man-days of work were lost last year in industry as a result of accidents and illness as were lost because of strikes.

It is now a matter of common knowledge that there is a close relationship between illness and poverty. Doctors and medical facilities are located in relation to ability to pay and not in response to health needs of people. The result is that though the United States is the wealthiest nation in the world, we are not the healthiest.

I give you just one figure to show this. In the year preceding the war in Europe, seven other countries had lower infant mortality rates than the United States. Millions of people are sick because they are poor. Other millions are poor because they are sick.

Dr. Fishbein offers no other plan than the continuance of the present system supplemented by voluntary plans that meet only limited needs and are so expensive they are out of the reach of those who most need medical care. His system has been weighed in the balance and found wanting.

I ask Dr. Fishbein what plan he has that will reach these people unable under the present system to

help themselves? What plan has he to offer that will reach 75 per cent of our population with family income of less than \$3,000 which even the American Medical Association has said need help to meet their medical bills?

The workers of America have faith in the doctors of America. They want their services, but how to pay for them is the difficulty. Illness among workers is a two-edged sword. When it strikes the breadwinner, income stops completely. At the same time expenditures increase. There are always the physicians' fees. Sometimes expensive drugs and medicines and a nurse are necessary. X rays and special laboratory tests may be called for and the sick person may require hospitalization.

If the sickness strikes some member of the family, the breadwinner is worried about meeting these costs, often to the point where his efficiency is impaired and his job jeopardized. Workers cannot meet these costs by individual savings. No worker would know how much to save for he has no way of knowing whether the illness will be slight or serious. He has no way of knowing when illness will strike. He may start saving today and be stricken tomorrow or before he has had a chance to put away anything like a sufficient amount.

But though we do not know these things about individuals, the laws of averages tells us how many people will be ill at a given time and what proportion of them will need expensive treatments.

In short, though none of us knows what our individual health bill will be for the next twelve months, we do know what the national needs cost. So workers say "Let's pool our resources and by small regular deductions from our pay envelope, let's build a common fund out of which we can meet these costs. We pay them anyway and it is much better to do it the easy way and in a way that will make medical care available to all of us who need it without worrying about how we are going to pay for it."

To the workers of America, health insurance is as simple as that and the argument for it is irrefutable. Workers of America are supporting the Wagner-Murray-Dingell Bill because they are convinced that its enactment would be a long step forward in making health a reality for millions of people now denied it by making available medical and hospital care to them and their families.

This bill specifically guarantees the free choice of the physician by the patient and the choice of the patient by the physician. It provides for democratic local participation of all interested parties in the operation of a system of prepaid medical care, and leaves the professional aspect of medical care in the hands of the doctors where they belong.

It relieves the physician of the onus of overcharging the rich in order to provide charity care for the poor.

It will make medical care more generally available providing for



the construction of hospital and health centers throughout the country.

The health of the nation is of transcendent importance. A healthy nation is a strong nation. The universal appreciation of this fact will influence the people of the Nation to accord a full measure of support to the enactment of health insurance legislation.

The development and maintenance of a high standard of industrial efficiency and our ability to fight for the preservation of our form of government, freedom, liberty, and democracy, depend very largely upon the establishment and preservation of the health of the Nation.

The health of our Nation constitutes the basis upon which the superstructure of our prosperity rests. The care and preservation of the health of all the people of our Nation, constitutes a challenge to the American people. (*Applause.*)

#### **Moderator Cousins:**

Thank you, Mr. William Green. We'll hear from you again in Washington soon. Back here again at Lake Chautauqua, we hear from Mr. DeWitt M. Emery, president of the National Small Businessmen's Association who tells us why he doesn't believe Congress should provide health and old age insurance for all. Mr. Emery. (*Applause.*)

#### **Mr. Emery:**

I disagree wholeheartedly with your premise, Mr. Green. I am opposed to the Wagner-Murray-Din-

gell Bill because I do not believe it is necessary, desirable, or sound.

Have the American people suddenly, overnight as it were, become so sick that they are no longer capable of taking care of themselves? In order to keep going at all, must the American people have hourly or daily injections of a new, powerful, cure-everything drug called security-from-the-cradle-to-the-grave?

I don't think so and I don't believe the Italians, the Germans, or the Japs think so either. (*Applause.*)

I do a lot of traveling. I see and talk with a lot of people in all walks of life. I've found in my traveling no indication that the typical true American is willing to sell any part of his birthright of liberty and freedom for such a mess of pottage as compulsory social security. (*Applause.*)

The pioneer spirit which built this country is just as much alive today as it was when the Pilgrims landed. I am unable to detect any indication of fear or weakness in the American people. They are in my judgment just as self-reliant as they always have been.

At least 90 per cent of them face the future unafraid of anything or anybody. They face the future with full confidence of their ability to take care of themselves and to handle successfully any situation which may arise.

That's the American spirit. That's the spirit which made America great, and which makes it great to be an American.



I do not believe, Mr. Green, that this spirit can be kept alive under the initiative-killing blight of a welfare state administered by an all-powerful and supposedly all-wise paternalistic government. (*Applause.*)

If my observations and conclusions come even close to representing the facts as they exist today—you can decide that for yourself—then why all the shouting about Congress providing health and old age insurance for all? We've had the aged, the sick, the unemployable, the infirm and the mentally deficient with us as long as we've had a country. This isn't something new which has just been added. These folks have all been taken care of in the past, and they will be better taken care of in the future, without it being necessary for Congress to set up a new group of bureaucrats to dish out medical attention, jobs, payments for not working, etc., as the ration boards now hand out sugar—if any—shoes, gasoline, and other things. (*Applause and shouts.*)

No one is more willing to admit than I that our system of production, distribution, compensating workers, medical care, dental care, hospitalization and so on is not perfect. I submit however that the working of this system has improved year after year and will continue to improve year by year provided it is not uprooted and thrown in the ash can to be replaced by a system which has never worked successfully although it has

been tried time and again by country after country.

The American people today are the healthiest people in the world. (*Applause.*) The American people are the wealthiest people in the world. In a little more than 150 years, they have produced more wealth than any other nation in the world has been able to produce within from 10 to 50 times the same length of time.

The American people have more railroads, bathtubs, automobiles, paved roads, telephones, more of everything than any other people in the world. One reason for their being able to acquire all these things is that for 150 years free men in a free country have been working together to build a better way of life. (*Applause.*)

They were not hindered, hampered, or restricted by the regimentation which is part and parcel of the welfare state Mr. Green and Mr. Dingell now contend we must have.

When the war we are now fighting was forced on us, we were not prepared for it. Therefore we had to start from scratch in building our war machine. But even so, in the short space of two years, we turned out more planes, guns, tanks, ships, and ammunition than the Axis powers were able to produce in ten years, notwithstanding the fact that the one hundred per cent regimentation they had was supposed to be far more efficient.

Doesn't this magnificent record of production mean something? Isn't it an excellent indication of

what we will be able to do when we start producing for ourselves after the war?

I think it is. I think this record in itself is enough to prevent Congress from passing the Wagner-Murray-Dingell Bill, the Murray Job Bill, the FEPC Bill, or any other bill directed toward making a radical change in our way of life or our form of government. (*Cries of Yes and No.*)

I say to you, ladies and gentlemen, and to you, too, Mr. Dingell, that there is no easy way, that there is no such thing as something for nothing. There is not now, never has been, or never will be a substitute for hard work and thrift. (*Applause.*) I will also say to you, that the further away our Federal Government can be kept from day-to-day contact with the life of the individual citizen, the better it will be for the people of this country and you can put that down in the book for sure. (*Shouts and applause.*)

#### **Moderator Cousins:**

Things are getting warm up here at Lake Chautauqua. The breezes from the lake will help. Thank you, Mr. Emery. Our fourth speaker rounding out this debate is one of the authors of the Wagner-Murray-Dingell Bill, Representative John D. Dingell of Michigan, member of the House Ways and Means Committee, Congressman Dingell. (*Applause.*)

#### **Congressman Dingell:**

Apparently Dr. Fishbein and Mr. Emery, you haven't read the

Dingell-Wagner-Murray Bill. (*Applause.*) The broad objective of the bill is to provide national security, health and public welfare. Overwhelming approval of the proposed liberalization and expansion of the proved social security law as shown by recent reliable polls is voiced by the American public.

The opposition to the Dingell-Wagner-Murray Bill is a static and reactionary combination of pill-makers, some misinformed hospitals, certain kinds of profit-making insurance companies, and this opposition is spearheaded by the same well-financed minority of politico doctors within the American Medical Association who have always opposed (*applause*) and have always misrepresented social security in all its aspects.

These reactionaries continue a well-organized, violent, and, perhaps I should say, virulent opposition to any movement for improved national health. This powerful minority in control of the American Medical Association, ruthless in its intolerant and repressive attitude toward the humane and progressive members of the Association, "claims the field of public health and welfare as its own province of exploitation where the public and the Government dare not intervene.

This reactionary do-nothing minority, maintains its intolerant attitude in the face of facts which challenge the static, politico medics who contributed little or nothing to the correction of the many ills which beset mankind.



For the lack of healthful planning our cities became cluttered with disease-breeding hovels. These hovels regularly produced a large crop of patients—business for the medical profession. (*Cries of No.*)

There is only real hope for the future because the Federal Government undertook to solve this problem. In the manufacturing industries, in mining, and in the printing crafts annually hundreds of thousands were crippled, maimed, or killed in accidents. Miners tuberculosis, lead poisoning, and other diseases took frightful tolls of American workers. The medical profession did nothing. (*Shouts.*)

Conditions gradually are being improved, and will reach safe standards some day, but only because of the strength and alertness and the militancy of trade unions and socially-minded organizations.

While great contributions, with heroic sacrifices, have been made by many individual doctors in combating disease and ministering to the needy, on the whole the profession has lagged behind instead of leading in improving public health. (*Shouts of No.*)

Clever propaganda reaches our homes through the press in the form of slanted editorials and through the radio in pernicious misleading skits. This propaganda is further accentuated by the small doses of poisoned whisperings at a patient's bedside, by reactionaries who know nothing of the bill or who would deliberately attempt to mislead the people.

The Dingell - Wagner - Murray Bill does not interfere with the traditional rights of the patients, doctors, or hospitals. It provides for diagnosis, treatment, and hospitalization for the insured and for his dependents, plus surgical and dental care. It further provides cash benefits during the period of disability.

It is an insurance plan paid for by the worker and by his employer with all of the accrued benefits payable to the insured as a matter of right. For these benefits there will be no deductions for overhead, for salaries, for dividends, agents commissions, or promotional expense. It is not charity, but insurance paid for by the worker and his employer. It provides full coverage without trick clauses concealed in a mass of legal and deceptive verbiage, and furthermore, Dr. Fishbein, this bill will be thrown open for public hearings before any part of it becomes law.

Not all doctors are opposed to the Dingell-Wagner-Murray Bill. I dare say if a secret poll were taken among them, the great percentage who have not been misled by propaganda would vote for the bill.

When the war ends and the thousands of doctors return to re-establish their former practices, they will assert themselves in favor of national security, health, and public welfare. Staff assembly rooms in our hospitals, which have been turned into polluted political forums to combat social security will then be cleansed and returned

## THE SPEAKERS' COLUMN

**WILLIAM L. GREEN**—William L. Green, president of the American Federation of Labor since 1924, was born in Coshocton, Ohio, in 1873. Working up through the ranks of the United Mine Workers of America he served as secretary-treasurer from 1913 to 1924. He served two terms in the Ohio Senate and was a delegate or alternate to several Democratic National Conventions.

In 1934, Mr. Green was appointed on the advisory council to the Committee on Economic Security. He was a member of the original National Labor Board and a member of the advisory council of NRA.

**JOHN DAVID DINGELL**—A Democrat from Michigan, Mr. Dingell has been a member of Congress since 1933. Born in Detroit in 1894, he worked as a newspaperman, a pipeline engineer, and a wholesale dealer in beef and pork products before entering politics. He is a co-author of the pending Wagner-Murray-Dingell Social Security bill now in Congress.

**DeWITT McKINLEY EMERY**—Founder and president of the Small Businessmen's Association, Mr. Emery was born in Grove City, Pennsylvania, in 1896, and was educated in the schools of Youngstown, Ohio. From 1925 to 1929, Mr. Emery was director of sales for the Monroe Letterhead Company of Huntsville, Alabama. In 1929 the company moved to Akron, Ohio, and Mr. Emery became president and treasurer—positions he still holds. Mr. Emery is a partner in DeWitt Emery and Associates, public relations and management counsel. In November, 1937, he founded the National Small Businessmen's Asso-

ciation, and with the exception of a short period has been its only president.

**MORRIS FISHBEIN**—With a B. Sc. degree from the University of Chicago and an M. D. degree from Rush Medical College, Dr. Fishbein has turned his medical knowledge into the field of writing. Since 1913 he has been on the staff of the *Journal of the American Medical Association* and is now editor. He is also editor of *Hygeia* and editor for the Society of Medical History.

Dr. Fishbein is a lecturer on medical economics and history at the University of Illinois and associated clinic professor of medicine at Rush Medical College of the University of Chicago. He writes for the *Chicago Daily Times* Syndicate and is a contributor to many national magazines and scientific journals. He is medical editor of *Encyclopaedia Britannica*, consulting editor for *Scientific American*, and the author of many books.

**NORMAN COUSINS**—Following his graduation in 1933 from Teachers College, Columbia University, Mr. Cousins became an editorial writer for the *New York Post*. After one year at this job, he joined the staff of *Current History* where he stayed for five years as literary editor and managing editor. In 1940, he became executive editor of the *Saturday Review of Literature*, and since June, 1942, has been its editor. In 1942, Mr. Cousins was appointed publication consultant and editor of "U. S. A." of the Office of War Information. In addition to his magazine writing, Mr. Cousins is the author of *The Good Inheritance* and *The Democratic Chance*.

to their legitimate purpose. Good health will then become a right and not a costly privilege. (*Applause.*)

### Moderator Cousins:

Thank you, Congressman Dingell. Now if our speakers will gather around the microphone, we'll have a little session of target practice at close range. Mr. William Green in Washington, we want you to join this little give-and take so speak up at your own

microphone at any time. Now, gentlemen, who has the first question? Dr. Fishbein?

Dr. Fishbein: I heard Congressman Dingell say that the drug manufacturers were pill-makers and that the hospitals were polluted, and that the doctors were politicians, and that the insurance companies were robbers, and I wonder what he has to justify this in the face of the fact that the drug manufacturers produced millions of pints of blood plasma, billions of



tablets of atabrine (*applause*), billions of units of penicillin, millions and even billions of bandages, and that cooperating with these agencies, the doctors of the country and the hospitals have reduced death rates among our men in this war from nine percent in World War I to less than two per cent in this war. Do they merit that kind of remark? (*Applause.*)

**Moderator Cousins:** Congressman Dingell?

**Congressman Dingell:** Dr. Fishbein, the blood plasma was taken from the millions of our patriotic citizens and not from the drug manufacturers. (*Applause.*) The atabrine that was produced was produced by them at a profit, and paid for by your Government. (*Applause.*) They couldn't do otherwise. If they didn't produce it, the Government or the Army would. And similarly, other activities of the drug manufacturers and others.

But the fact remains that the National Physicians Committee, the so-called medical front in Chicago, is frisking and demanding and even browbeating everybody they can, and particularly their own medical members, to contribute and contribute quick and the greatest possible amount in order to defeat this bill and its objective. I have telegrams which I received today from my Washington office from a New York doctor, an outstanding physician for the bill, which say that they are now shaking down the producers or manufacturers of hos-

pital equipment and other such paraphernalia. (*Applause.*)

**Moderator Cousins:** Thank you, Congressman Dingell. Do you have a comment or question, Mr. Emery?

**Mr. Emery:** Yes, I'd like to ask Mr. Dingell and Mr. Green a question. As I understand it, the main reason that you people, that you fellows, are supporting the Wagner-Murray-Dingell Bill is to protect the low-income groups. Now, if that's true, why don't you decide what a low income is and chop the protection off at that level. I, for one, don't want or need social security provided by the Government. (*Applause.*)

**Moderator Cousins:** Mr. Green, will you take that question from Washington? Mr. Green, are you hearing us?

**Mr. Green:** The Murray-Wagner-Dingell Bill provides for joint contributions of employers and employees to a social security fund. That means that employers and employees pay the bill and not the Government. Why should they be denied the opportunity to do this? The Government is merely the agency through which opportunity is extended to employers and employees to contribute toward a fund in order to insure medical treatment and hospitalization care to those who are unable to provide for it. The medical profession ought to stand up and with one voice endorse and approve such a plan, rather than oppose it. (*Applause.*)

**Moderator Cousins:** Thank you, Mr. Green. Dr. Fishbein has a question.

**Dr. Fishbein:** Mr. Green, the medical profession is, perhaps, fortunate that it does not have to depend upon Mr. Green to tell it what it ought to do. (*Laughter and applause.*) The question I have for Mr. Green is simply this question. Is it not a fact that the so-called Wagner-Murray-Dingell Bill would place all the funds for medical care taken from the workers and from employers under the control of a lay government agency—the Social Security Board—putting that Board in a supreme position in regards to telling who could get medical care, who could give medical care, and what medical care would be paid for? (*Applause.*)

**Moderator Cousins:** Mr. Green?

**Mr. Green:** In answering that question, I might ask Dr. Fishbein another. Does he have any criticism of the Public Health Service? It is my understanding that the Wagner-Murray-Dingell Bill provides that this fund and all of it

shall be supervised by the Public Health Service. I have read statements of Dr. Fishbein in which he paid great tribute to the efficiency, honesty and integrity of the Public Health Service.

**Moderator Cousins:** Thank you, Mr. Green. It's getting time now for questions from our audience of five thousand people here in the amphitheatre at Lake Chautauqua, but first let's pause briefly for station identification.

**Announcer:** You are listening to America's Town Meeting, the program that gives you both sides of questions vitally important to you, sponsored by the most widely-read of all magazines—*The Reader's Digest*. For a complete copy of this discussion, including the question period immediately following, send for the Town Meeting Bulletin. Just write to Town Hall, New York 18, New York, and enclose ten cents to cover the cost of printing and mailing. Now, here's our guest moderator, Mr. Norman Cousins, editor of the *Saturday Review of Literature*. Mr. Cousins. (*Applause.*)



# QUESTIONS, PLEASE!

*Mr. Cousins:* We are now ready to put our speakers on the spot with questions from the audience. Please speak up, call out the name of the speaker to whom your question is addressed. Mr. Green will reply from Washington to questions. All right. The gentleman on the left. Question please.

*Man:* Mr. Dingell. Didn't Hoover's voluntary food control succeed better than our OPA? What guarantee do we have that the federal control of medicine will make less of a mess than the OPA? (*Applause.*)

*Congressman Dingell:* Well, if there's any relationship between Mr. Hoover's handling the food question, which was a purely relief matter in Europe following the last war, and OPA, I can't see it and you couldn't prove it to anyone. (*Applause.*) That's a question that comes from a doctor and it has about as much connection with the real issue as some of the arguments against the Dingell-Wagner-Murray Bill. (*Applause.*)

*Mr. Cousins:* A question on the right. This gentleman.

*Man:* Representative Dingell. Why when medicine and surgery under our present competitive system has reached the highest excellence in the world, should we change to an unknown and untried government system?

*Congressman Dingell:* The answer to that is that you're not going to shift to any unknown or untried system. You're simply

going to extend our medical system and its care to countless millions who do not get it now. (*Applause.*) It is intended to make this medical service available to all. (*Applause.*)

*Mr. Cousins:* Thank you, Congressman Dingell. Let's have a question for Dr. Fishbein.

*Man:* Dr. Fishbein, when does old age begin? (*Laughter.*)

*Mr. Cousins:* The question asked was "When does old age begin?"

*Dr. Fishbein:* The doctor's decision as to when old age begins depends on the condition of the patient. The Government makes him old whether he likes it or not. (*Laughter.*)

*Mr. Cousins:* There's a question here for Mr. Green. Stand up. That's right.

*Man:* Mr. Green. Do you think it's necessary to bring under federal old-age insurance groups such as teachers and railroad workers now under private pension systems?

*Mr. Cousins:* Mr. Green, did you get that question in Washington?

*Mr. Green:* Yes, I got it. Provisions are being made to take care of just such situations as those reflected in the question submitted by the one who asked the question just now. We have taken into account the private retirement systems in effect on the railroads and also the private retirement systems in effect for fire-fighters, for city employees, and others. All the rights of all are to be protected

under the provisions of the Wagner-Murray-Dingell Bill.

*Mr. Cousins:* Thank you, Mr. Green. The lady on the right.

*Lady:* Mr. Emery. What about the employer, who pays his bill in illness? (*Laughter.*)

*Mr. Emery:* The customer. (*Applause and laughter.*)

*Mr. Cousins:* The gentleman on the left.

*Man:* Dr. Fishbein. Why is it that the reactionary policy of the American Medical Association has prevented it from doing anything for the advancement of public health until goaded into it by progressive legislation. (*Applause.*)

*Dr. Fishbein:* I have been waiting all evening to hear some of the statements of the opposition properly documented. A mere assertion does not prove anything. The history of the public health movement in the United States will prove that the American Medical Association has been in the very forefront of every public health advance made in this country, including the creation of the U. S. Public Health Service. (*Confusion.*)

*Mr. Cousins:* Question on the far left.

*Man:* I'd like to ask Mr. Green a question. What surveys have been made to determine if the Wagner-Murray-Dingell proposal of payroll deduction will be as reasonable or less reasonable than existent voluntary plans for medical care?

*Mr. Cousins:* Mr. Green.

*Mr. Green:* As complete a survey as possible has been made in order to determine what the cost should be in order to maintain medical care, hospitalization care for all. It will be a great improvement over our voluntary system because the coverage will be extensive and greater. We are not passing through an experiment. That has been experimented with in many nations.

In addition we have experimented with the problem of social security, which is closely related to health insurance, when we enacted workmen's compensation legislation. A great many physicians like Dr. Fishbein opposed the enactment of workmen's compensation laws because the physicians claimed that they would then be regimented and subjected to state and governmental control. But time and experience have shown that they were wrong and the people were right. (*Applause.*)

*Mr. Cousins:* Thank you, Mr. Green. Dr. Fishbein says that he has something he'd like to say on that.

*Dr. Fishbein:* I would like first of all to say that I did not oppose the enactment of workmen's compensation laws because they were enacted before I was a doctor. I would like, second of all, to say that the actual figures of the economists show that the same results proposed by the Wagner-Murray-Dingell Bill are even now accomplished by private voluntary sickness insurance at less than one-half the cost that would be placed



upon the people by the Wagner-Murray-Dingell Bill. (*Applause.*)

*Mr. Cousins:* Congressman Dingell has also jumped up. He has something he'd like to say.

*Congressman Dingell:* I do want the audience to know, however, that in 1932, when the Social Security Act was first proposed, Dr. Fishbein then, as now, was opposed to all of social security at that time. As to his statement about private insurance systems providing more and, as he said, for half, that's not in accordance with facts because there are too many systems in America today where you've got to be sick when, where, and how the policy or your contract tells you to. If you're sick when, you lose out on how or where. (*Laughter and applause.*) If you are sick where, you lose out on the other two points. You can't beat the game. There's a lot of verbiage but very few benefits and most of it goes for promotion and for commissions and for other purposes (*cries of no*) from which the patient insured gets no benefit.

*Mr. Cousins:* Thank you, Congressman Dingell. The gentleman on the left.

*Man:* A question for Mr. Emery. In just what essential is socialized medicine more socialistic than our state-controlled public school system?

*Mr. Emery:* Well, in the first place, it's far more far-reaching. If you set up this Wagner-Murray-Dingell Bill, you have about 250,000 federal administrators running it.

One thing I want to bring out while I'm on my feet is this cost angle. Nothing has been said about it until now. For example, take a worker who makes \$200 a month. He's now paying \$24 a year into Social Security. Under the Wagner-Murray-Dingell Bill he would have to pay \$96 a year. Take a worker who is making \$3600 a year. He now pays \$30 a year. Under the Wagner-Murray-Dingell Bill he'd have to pay \$144 a year, and I think the people should understand how much more this is going to cost them, if they ever get it, which I doubt. (*Applause.*)

*Mr. Cousins:* Thank you, Mr. Emery. The pretty young lady in the pink dress over there.

*Lady:* Dr. Fishbein. Isn't it true that doctors have left health centers, where they are most needed, because of inadequate salary?

*Dr. Fishbein:* That statement is not true for the simple reason that many of the group health organizations pay higher salaries than many doctors earn in private practice and many doctors have left private practice to take salaried jobs with group centers.

*Mr. Cousins:* Thank you, Dr. Fishbein. The lady in the rear to the right. Speak up, please.

*Lady:* I am addressing my question to Mr. Green. What provision should be made for persons who are inadequately prepared for work activities which would enable them to plan for health or old age?

*Mr. Cousins:* Mr. Green. Was that question addressed to Mr. Green?

*Lady:* Yes.

*Mr. Green:* I didn't hear that question. Will you repeat it, please?

*Lady:* What provision should be made for persons who are inadequately prepared for work activities which would enable them to plan for health or old age?

*Mr. Cousins:* Mr. Green.

*Mr. Green:* I'll have to repeat again. I didn't get the question. Will you please get it?

*Mr. Cousins:* We'll take the question on the right, please. I'm sorry. We couldn't hear that up front.

*Man:* For Mr. Emery. I live on a farm. I want to know who is going to provide social security and health insurance for the farmers? *(Laughter.)*

*Mr. Emery:* Well, as near as I can make out, the farmer has done a pretty doggone good job of providing it for himself. I haven't heard of any of them starving to death. *(Laughter.)*

*Mr. Cousins:* Dr. Fishbein has a comment.

*Dr. Fishbein:* I would like to point out that during the very last week there has been a conference between representatives of the Farm Bureau Federation, the Farm Security Agency, and similar groups with leading physicians of the country to work out plans whereby farmers may under a voluntary insurance system receive

complete medical and hospitalization care.

*Mr. Cousins:* Congressman Dingell, do you have something you would like to say?

*Congressman Dingell:* I would like to say that the Dingell-Wagner-Murray Bill provides for the care of the farmer, but we are going to ask in the hearings whether the farmer wants to come in or stay out. We're not going to take Mr. Emery's word for it nor anyone outside of the farm circle. We want the farmer to say whether or not he wants to become an Okie without a dime in his pocket after years of toil on the farm. He'll have a chance in connection with the Dingell-Wagner-Murray Bill. *(Applause.)*

*Mr. Cousins:* Gentleman on the far right. Speak loud please.

*Man:* I'd like Mr. Green to prove by statistics his statement that the United States ranks seventh in health.

*Mr. Cousins:* Mr. Green, does the United States rank seventh, and what are the figures? Have you got that question, Mr. Green?

*Mr. Green:* What was that?

*Mr. Cousins:* The gentleman stated that he would like you to prove that the United States ranks seventh in health among the nations of the world. What figures do you use for that conclusion? Well, Dr. Fishbein has an answer if you don't mind.

*Dr. Fishbein:* According to certain statistics which are cited in the *Encyclopedia Britannica Yearbook* of 1944, New Zealand and several

other small countries rank ahead of the United States in health. An analysis of the figures shows, however, that New Zealand counts only its white population—only its European population. The other countries are small countries with less than six million population of an entirely homogenous character. Unfortunately, many of the politicians who comment upon these health statistics have never had sufficient scientific training to analyze them. (*Applause.*)

*Mr. Cousins:* Young man at the left please.

*Man:* Mr. Emery. What relation does our ability to kill our enemies have to do with our ability to care for the sick? (*Applause.*)

*Mr. Emery:* Well, if we can be self-reliant and take care of ourselves in one instance, why can't we then in the other? I think we can. (*Cries and applause.*)

*Mr. Cousins:* Gentleman in the center.

*Man:* Mr. Dingell. Does the bill include professional people? If not, why?

*Congressman Dingell:* The bill will take care of professional people and people connected with the churches, if they choose to come in under the bill and they will be heard on the subject. Personally, I feel that the old sexton and the man who does a great deal of work around the rectory and around the church in his declining years should be provided for and should also be provided for when his health breaks down, which is altogether

too frequently not the case. (*Applause.*)

*Mr. Cousins:* Thank you, Mr. Dingell. We'll take time out now for just a moment while our speakers gather their ammunition for the brief wind-up argument. Meanwhile, America's Town Meeting and *The Reader's Digest* are honored to present a special guest, former deputy director of the Office of War Mobilization and today our Under Secretary of Agriculture, John B. Hudson. We take you now to Washington and Mr. Hudson.

*Mr. Hudson:* There are two facts about the food situation which we should keep in mind. First, there is no cause for alarm as far as the total food supplies are concerned. We can continue to eat on the average more of most foods than we did before the war. Second, we must expect current shortages of several important foods to continue for some time. We shall not be able to buy all of all of them that we want in the months just ahead.

Canned vegetables and fruits are among those foods which will be in short supply on the grocer's shelves at times this year. It is now estimated that civilians will get from 10 to 15 per cent less of commercially canned vegetables including juices and soups than last year. Civilian supplies of commercially canned fruits may be 5 to 10 per cent less.

This means that we must stretch out our supply, and one of the most important things that the individual family can do is to can at



home all the fruits and vegetables possible. We should can surplus vegetables from our victory garden. We should buy fruits and vegetables when they are plentiful on the market and can them for winter use. Sugar will be needed in putting up fruit. And sugar is scarce this year. Supplies available for canning must be used only for canning, and home canners should supplement their sugar by using other sweeteners whenever possible. In order to have more canned fruit for use next year, we shall need to forego some pies and cakes now.

If we do this, home canning supplementing commercial stocks will give us enough canned goods to meet our needs. (*Applause.*)

*Mr. Cousins:* Now for our one-minute summaries of the debate "Should Congress Provide Health and Old Age Insurance for All?" First we hear from Congressman John D. Dingell. (*Applause.*)

*Congressman Dingell:* I believe we would be very inconsiderate if we didn't answer the question of the young man who asked about what was the British attitude and experience. I'll take time out of my brief moments to state that the British experience, both of the public and of the doctors, after having proved the question, is that they want more of it.

Now, Dr. Morris Fishbein talked about voluntary insurance plans and how they ought to be extended. I want to remind Dr. Fishbein—if his memory is short—and I want the audience to know, Dr. Fishbein, that the American Med-

ical Association, not only sought to but did expel the group-health physicians who catered to the membership of this voluntary group in the city of Washington.

Today he is advocating these voluntary plans. I'll tell you why. They fought through the courts—I say the doctors—the Medical Association—and lost every battle progressively until they got to the Supreme Court and there they were compelled to swallow it regardless of their attitude. Today, Dr. Fishbein is for the voluntary plan. But, in 1932, he was opposed to this minority report which specifically included a voluntary system. (*Applause.*)

*Mr. Cousins:* Thank you, Congressman Dingell. Now we'll hear the summary argument of Dr. Morris Fishbein of the American Medical Association.

*Dr. Fishbein:* One sentence in reply: The statement by Mr. Dingell is a complete misrepresentation of the attitude of the American Medical Association and of the Supreme Court. Second, I would like to point out that the American Medical Association opposed voluntary sickness insurance until there could be assembled sufficient scientific data so as to be sure that the public would be protected in every possible way both as to the cost of such service and particularly as to the quality of the medical care rendered under these plans. That is scientific—to know what you're doing before you try to pass legislation to do it. (*Applause.*)

The reasons why American medicine opposes the Wagner-Murray-

Dingell Bill are these: It would destroy the freedom of research which has placed American medicine at the very top. It would ruin the voluntary medical education which has given us the kind of doctors who are helping to win this war. It would destroy the doctors that everyone of you know—that have taken care of you during all of these years. (*Applause and cries of No.*)

*Mr. Cousins:* Thank you, thank you, Dr. Fishbein, Mr. Green, Mr. Emery and Congressman Dingell for pointing up the issues in this important question before the American people.

Next week, our subject will be, "Should War Veterans Have Job Preference." Our speakers then will be John Green, president of

the Shipbuilders Union, and war veteran Dennis Weigand, executive secretary of the American Veterans' Committee, who will take the negative. For the affirmative, we have Major General Lewis B. Hershey, director of Selective Service and Andrew Jackson Higgins, prominent industrialist.

Our guest moderator will be Stanley High, noted writer and roving editor of *The Reader's Digest*.

Our thanks tonight to our hosts at Lake Chautauqua, President Ralph H. Norton and Ralph McAllister, director of the Chautauqua Institution. My own best wishes to George V. Denny, Jr., your regular moderator, now on vacation. Good night. (*Applause.*)

# How Can Russia and America Live in Peace?

## WHAT TO READ

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